

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO. 1

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEF.	IND.	DEF.	IND.	DEF.
1						
2						
3						
4						
5						
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30						
31						
32						
33						
34	1					
35						
36						
37						
38						
39						
40						
41	1					
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEF.	4	2				
TOTAL	7	2				

	IND.	DEF.	IND.	DEF.	IND.	DEF.
61						
62						
63						
64						
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TOTAL IND.						
TOTAL DEF.						
TOTAL						